

D. Registered Dietitian Services

Nutritional Assessment/Counseling

All women are referred to the WIC program for nutritional assessment. Women with complex nutritional or related medical risk factors as determined in initial prenatal visits may require intensive nutrition education, counseling, monitoring and frequent consultations, and may receive service by referral from a physician, certified nurse midwife, or a family nurse practitioner to a registered dietitian.

Limited to 14 visits during any 12-month period.

E. Community Health Nurse Services

Perinatal Care Coordination.

Prenatal and Postnatal Home visits, as defined above in B, may be provided by the community health nurse.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the community health nurse.

F. Registered Nurse Services

Perinatal Care Coordination

Prenatal/Postnatal Home visits, as defined above in B, may be provided by the registered nurse.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the registered nurse.

G. Certified Family Nurse Practitioner Services

Perinatal Care Coordination

Risk Assessment, as defined above in B, may be provided by the certified family nurse practitioner.

Prenatal and Postnatal Home visits, as defined above in B, may be provided by the certified family nurse practitioner.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the certified family nurse practitioner.

Prenatal Assessment visit, as defined above in B, may be provided by the certified family nurse practitioner.

Single prenatal visits, as defined above in B, may be provided by the certified family nurse practitioner.

T.N. # 94-C25

Supersedes

T.N. # 88-5

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H. Health Educator Services

Perinatal Care Coordination may be provided by those meeting the established criteria.

Group Prenatal/Postnatal education, as defined above in B, may be provided by the health educator.

I. Social Worker Services

Perinatal Care Coordination may be provided by a licensed social service worker (SSW) who meets the established criteria.

Perinatal Care Coordination may be provided by a licensed certified social worker (LCSW) who meets the established criteria.

T.N. # 94-025
Supersedes
T.N. # 90-34 Approval Date 01/04/95 Effective Date 01/01/94

42 CFR
440.170 TRANSPORTATION SERVICES

LIMITATIONS

1. Coverage of optional transportation service is limited to the most reasonable and economical means of transportation necessary to secure medical examination and/or treatment for a recipient by a provider to whom a direct vendor payment can be made.
2. Travel expenses are limited to:
 - a. Cost of transportation for recipient by approved means.
 - b. A per diem not to exceed a maximum established by the State to be applied toward cost of meals and lodging when it is necessary for the recipient to remain away from home, outside of a medical facility while receiving approved treatment.
 - c. Cost of transportation and per diem not to exceed a maximum established by the State, to be applied to cost of meals and lodging for one parent to accompany a child to receive approved services out-of-state when there is a need for the parent to receive instructions in meeting the medical needs of the child.
 - d. Transportation costs and related travel expenses for an attendant to accompany a recipient for approved services only available out-of-state, when there is a justified medical need for an attendant. (A parent or a guardian can qualify as the attendant providing the individual can meet the existing medical need demonstrated by the patient.) Salary is included if the attendant is not a member of the patient's family.

These services are covered only for the period of time the attendant has responsibility for hands-on care of the recipient. Stand-by time is not covered.

24 CFR
440.170

PERSONAL CARE SERVICES IN A RECIPIENT'S HOME

LIMITATIONS

1. Personal care services are covered benefits when provided by a home health agency licensed in accordance with Utah Code Annotated, Title 26, Chapter 21. Services are delivered by a personal care aide or a home health aide (performing only personal care level tasks) who has obtained a certificate of completion from the State Office of Education, or a licensed practical nurse, or a licensed registered nurse. Personal care services are prescribed by a physician and are provided under the supervision of a registered nurse. Personal care services are not provided by a member of the recipient's family.
2. Personal care services are covered benefits only for recipients who (a) receive services in their place of residence that is not an institution; (b) do not receive Medicaid home health aide services on the same day they receive personal care services.
3. Personal care services are limited to 60 hours per month.
4. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services re medically appropriate; and
 - b. that the proposed services are more cost effective that alternative services.

TN No. 98-003
Supersedes
TN No. 91-22

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CERTIFIED PEDIATRIC AND FAMILY NURSE PRACTITIONERS

OBRA 1989
Section 6405
H.R. 3299
P.L. 101-239

LIMITATIONS

1. Services provided by a licensed certified pediatric nurse practitioner (CPNP) or a licensed certified family nurse practitioner (CFNP) are limited to ambulatory, non-institutional services provided to the extent that licensed certified pediatric and family nurse practitioners are authorized to practice under state law.
2. The Agency may exceed the limitations on existing covered services to the extent allowed by law, if its medical staff determines:
 - a. that the proposed services are medically appropriate; and
 - b. that the proposed services are more cost effective than alternative services.

TN No. 98-003
Supersedes
TN No. 90-31

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